

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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by EXECUTIVE DIRECTOR'S OFFICE
STATE BOARD OF EQUALIZATION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HORTON JEROME EDGAR

1. Office, Agency, or Court

Agency Name

California State Board of Equalization

Division, Board, Department, District, if applicable

Board Member, 4th District

Your Position

Chairman

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____ through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____ through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 • Investments – schedule attached

☒ Schedule C • Income, Loans, & Business Positions – schedule attached

☐ Schedule A-2 • Investments – schedule attached

☒ Schedule D • Income – Gifts – schedule attached

☒ Schedule B • Real Property – schedule attached

☒ Schedule E • Income – Gifts – Travel Payments – schedule attached

-or-

☐ None • No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended • Public Document)

(month, day, year)

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FAIR POLITICAL
PRACTICES COMMISSION
2012 MAR -1 PM 5:28

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Horton, Jerome E.

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Jerome E. Horton

► NAME OF SOURCE

U.S. - China Real Estate Chamber of Commerce*

ADDRESS (Business Address Acceptable)

126 E. Valley Blvd., Alhambra, CA 91801

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber of Commerce

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>06 / 28 / 11</u> | <u>\$ 65.00</u> | <u>Lunch</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

California Legislative Black Caucus Policy Institute*

ADDRESS (Business Address Acceptable)

5429 Madison Ave., Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education and Youth Leadership Fund

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------------|
| <u>11 / 02 / 11</u> | <u>\$ 280.00</u> | <u>Spa Treatment for wife</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

California Distributors Association*

ADDRESS (Business Address Acceptable)

1215 K St., Ste. 1500, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit Corporation / Trade Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|----------------------------|
| <u>11 / 02 / 11</u> | <u>\$ 328.53</u> | <u>Hotel Accommodation</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

California Journal for Filipino Americans*

ADDRESS (Business Address Acceptable)

P.O. Box 8119, Torrance, CA 90504

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Newspaper

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>08 / 27 / 11</u> | <u>\$ 31.00</u> | <u>Dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

Michelle Steel

ADDRESS (Business Address Acceptable)

550 Deep Valley D., Rolling Hills Estates, CA 90274

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Board Member

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>06 / 21 / 11</u> | <u>\$ 75.00</u> | <u>Dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

State Bar of California*

ADDRESS (Business Address Acceptable)

180 Howard St., San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney Licensing Public Entity

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|----------------------------|
| <u>11 / 03 / 11</u> | <u>\$ 280.00</u> | <u>Hotel Accommodation</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: * Spoke at the event

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Horton, Jerome E.

| | | |
|-------------------------------------------|-----------|------------------------|
| NAME OF SOURCE | | |
| American Jewish Committee | | |
| ADDRESS (Business Address Acceptable) | | |
| 9911 W. Pico Blvd., Los Angeles, CA 90035 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Civic Organization | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04 / 12 / 11 | \$ 100.00 | Lunch |
| 04 / 14 / 11 | \$ 30.00 | Dinner |
| | \$ | |

| | | |
|--------------------------------------------------|----------|------------------------|
| NAME OF SOURCE | | |
| California State University Los Angeles* | | |
| ADDRESS (Business Address Acceptable) | | |
| 5151 State University Dr., Los Angeles, CA 90035 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Educational Institution | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 05 / 05 / 11 | \$ 35.00 | Dinner |
| | \$ | |
| | \$ | |

NAME OF SOURCE
Coalition of Black Trade Unionists, Southern CA*
ADDRESS (Business Address Acceptable)
3831 West 58th Place, Los Angeles, CA 90043
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 16 / 11 | \$ 85.00 | Dinner |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

| NAME OF SOURCE | | |
|--------------------------------------------|----------|------------------------|
| South Bay Workforce Investment Board* | | |
| ADDRESS (Business Address Acceptable) | | |
| 11539 Hawthorne Blvd., Hawthorne, CA 90250 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Civic Organization | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 11 / 02 / 11 | \$ 35.00 | Breakfast |
| / / | \$ | |
| / / | \$ | |

NAME OF SOURCE

Israeli Consulate of Los Angeles, CA

ADDRESS (Business Address Acceptable)

6380 Wilshire Blvd., Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Civic Organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 10 / 11 | \$ 86.13 | Dinner |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

Comments: * Spoke at the event

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Horton, Jerome E.

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
California Legislative Black Caucus Policy Institute
 ADDRESS (Business Address Acceptable)
5429 Madison Ave.
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Education and Youth Leadership Fund
 DATE(S): 10 / 14 / 11 - 10 / 16 / 11 AMT: \$ 2,707.70
 (If gift)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Room and Board (including meals), Southwest Airlines
flight, and car rental

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
 DATE(S): ____ / ____ / ____ AMT: \$ ____
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE
City of Los Angeles
 ADDRESS (Business Address Acceptable)
1400 K Street, Room 208
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
 DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 360.00
 (If gift)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
LAX Parking and Shuttle Services

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
 DATE(S): ____ / ____ / ____ AMT: \$ ____
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: